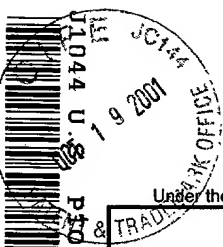


10/19/01



01-07-02

A/Reissue

PTO/SB/56 (02-01)
Approved for use through 01/31/2004. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 7594.10		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 20	**** 0 =	x \$	=	or	x \$ 18 = \$ 0	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$	=		x \$ 84 = \$ 0	
Basic Fee (37 CFR 1.16(h)) \$							\$ 740	
Total Filing Fee \$						OR	\$ 740	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 46	MINUS	** 20	* = 26	x \$	=	x \$ 18 = \$ 468	
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS	***** 3	= 4	x \$	=	x \$ 84 = \$ 336	
Total Additional Fee \$						OR	\$ 804	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>14-0225</u> in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>14-0225</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
10/19/01 Date				 Signature of Applicant, Attorney or Agent of Record Paul W. Martin Typed or printed name				

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